FORM I	(Rev. 2009)
	11167.2003

Contractor Name	
DPW Contract No.	

Employee Affidavit

Residents Preference Program

I certify that I maintain my permanent residence income tax, obtain my driver's license, etc. at		
, <u> </u>	(Address)	(Zip Code)
Residency status: To verify my resident status, attached please fin Copy of my voter's certification Copy of my last year's Form 10 Copy of my current Wisconsin I Copy of Other (i.e., Utility bill,	form. 40. Driver's License or State ID.	
<u>Al</u>	<u>ND</u>	
Unemployment status: I certify that I have been unemployed as follows: I have worked less than 1,200 he I have not worked in the preceding the preceding status.	ours in the preceding 12 months.	
Underemployed status:I certify that based on the attached chart (Incom.	PR ne Eligibility Guidelines), I am u	ınderemployed.
	Print Name	
	Sign Name	
	Social Security Number	
	Home Telephone Number	
Subscribed and sworn to me thisday		
Of, A.D.		
My Commission Expires		
Notary Public Milwaukee County		

Income Eligibility Guidelines July 1, 2014 to June 30, 2015

Eligibility determination is based on household size and income. Total income must be <u>at</u> or <u>below</u> the amounts in this table.

Household Size	Yearly	Monthly	Twice per month	Every 2 weeks	Weekly
1	21,590	1,800	900	831	416
2	29,101	2,426	1,213	1,120	560
3	36,612	3,051	1,526	1,409	705
4	44,123	3,677	1,839	1,698	849
5	51,634	4,303	2,152	1,986	993
6	59,145	4,929	2,465	2,275	1,138
7	66,656	5,555	2,778	2,564	1,282
8	74,167	6,181	3,091	2,853	1,427
9	81,678	6,807	3,404	3,142	1,572
10	89,189	7,433	3,717	3,431	1,717
11	96,700	8,059	4,030	3,720	1,862
12	104,211	8,685	4,343	4,009	2,007
For Each Additional Household Member Add	7,511	626	313	289	145

Source: Wisconsin Department of Public Instruction